| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | M.W | | 05-04-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 720 | 06-26-01 |
| RESPONSE FORMALITY REVIEW | MD | Scan | 03/29/02 |
| | | | |

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| ✔ | ..................... Rejected | | N | ..................... Non-elected |
| = | ..................... Allowed | | I | ..................... Interference |
| − | (Through numeral)... Canceled | | A | ..................... Appeal |
| ÷ | ..................... Restricted | | O | ..................... Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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